H-1B Ready to Work Grants Program Performance Reporting Handbook
Quarterly Performance Reporting & Instructions

*Modified version for H-1B Ready to Work grantees ONLY

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SECTION I - GENERAL OVERVIEW

1.1 - GENERAL INSTRUCTIONS

The H-1B Ready to Work Grantees are required to submit quarterly program progress reports to the United States Department of Labor's, Employment and Training Administration (USDOL/ETA) to comply with the reporting and record keeping requirements of the grant. Each grantee must submit a Quarterly Progress Report containing updates on the implementation and progress specified in each grant Statement of Work (SOW). A Progress Report contains both a Quarterly Performance and Quarterly Narrative Report.

ETA will provide H-1B Ready to Work Grantees with a web-based reporting system "HUB" that will allow grantees to submit their Quarterly Progress Reports. The HUB system will generate a Quarterly Performance Report (QPR) ETA Form No. 9166 using participant records that grantees will upload as one data file into the HUB system. HUB will also allow grantees the ability to upload/input a Quarterly Narrative Report (QNR). Grantees will need to certify both a QPR and QNR before quarterly progress reports will be considered fully submitted.

Quarterly Progress Reports will assist ETA in tracking grant activities and outcomes as well as provide a "snapshot" of grant-funded activities for the quarter and cumulative quarters throughout the grant period of performance. Each reporting quarter, ETA will produce a performance outcomes report of the H-1B Ready To Work grants using both QPR data and QNR reports that grantees submit to ETA. This report will be used to inform the Department of Labor Secretary, Congress and the general public on the progress of performance outcomes for the H-1B Ready To Work grants.

H-1B grantees must also submit a Final Performance Report that incorporates both Quarterly Performance data and a Final cumulative grant-to-date Narrative report.

The instructions and performance reporting forms for completing these reports can be found in Section I General Instructions, 1.3 Instructions for Quarterly Progress Reports; 1.4 Submission Process, and Section III Instructions for Completing H-1B Quarterly Performance Reports (QPR) and How a QPR is Generated and Section IV Instructions for Quarterly Narrative Report Submissions of this handbook.

1.2 - COVERED PROGRAMS

Quarterly Progress Reports will cover participants who receive services under the H-1B Ready To Work program.

1.3 - INSTRUCTIONS FOR QUARTERLY PROGRESS REPORTS

Quarterly Progress Reports will have two key components, a Quarterly Performance Report and a Quarterly Narrative Report:

- *Quarterly Performance Report (QPR) ETA Form No. 9166 –* The quarterly performance report provides aggregated performance data used to determine the levels of participation and program accomplishments for the most recent quarter <u>and</u> cumulative to-date. The QPR ETA Form No. 9166 will be generated from the web-based reporting system HUB once participant data is uploaded, data is validated, and edit checks are complete. Once a QPR ETA Form No.

9166 is generated and a QNR is submitted, both reports will need to be certified by the Grant Authorized Representative in HUB for final submission to DOL.

- ***Quarterly Narrative Performance Report*** – In addition to providing a QPR each quarter, grantees will provide a narrative account of performance activities that occurred during the reporting quarter. This report provides ETA information on program activities including information that cannot easily be captured using data alone. For example, this is the place to provide any supplemental data that is not captured on the QPR ETA Form No. 9166. It is also appropriate to describe any activities, events and/or partnership successes or hurdles that impact your grant during the reporting quarter. Once a QPR ETA Form No. 9166 is generated and a QNR is submitted, both reports will need to be certified by the Grant Authorized Representative in HUB for final submission to DOL.

- ***Final Performance Report –*** The last QPR and QNR reports will serve as the grantee's Final Performance Report. Together, these reports will provide both quarterly and cumulative information that reflect the grantee's activities for the entire period of performance. These reports must summarize project activities, employment outcomes, other deliverables, and related results of the project, and should thoroughly document the training approaches used by the grantee. Grantees will be required to report on post-program outcomes for all participants, as well as on post-program follow-up and tracking activities for all participants during the period of performance. Applicants must follow Federal guidelines on record retention, which requires grantees to maintain all records pertaining to grant activities for a period of not less than three years from the time of final award close-out.

Additional instructions and sample templates for all reports can be found in **Section III** **and Section IV** of this Handbook and on the **H-1B Online Resource Page/Community of Practice (CoP).**

1.4 - SUBMISSION PROCEDURES

Information contained in the H-1B Ready to Work Quarterly Progress and Final Performance Reports must be submitted directly to USDOL/ETA via the HUB reporting system.

ETA will provide a web-based system, *HUB* for grantees to submit their Quarterly Progress Reports. Grantees are expected to collect information and performance outcomes for each individual receiving H- 1B Ready to Work grant-funded services. Demographic and performance outcomes data reported to ETA should be based on individual-level participant records maintained by each grantee.

Grantees will develop their own internal systems to collect and track participant records that will be submitted as one data file by **uploading** the file into the web-based system, HUB. Acceptable data files that will be uploaded into the HUB reporting system are data files **(.dat), comma-separated values (.csv), and text files or flat files (.txt)**. View sample participant records and data files on the H-1B Ready to Work grantee on-line resource page.

The HUB system will validate the participant records of a grantee's data file and any inconsistencies will be reported to the grantee to modify or rectify. When the data file is validated and certified in HUB, the system will generate the Quarterly Performance Report which will include quarterly and cumulative-to- date performance outcomes. Once a QPR form is generated and a QNR is submitted, both reports will need to be certified by the Grant Authorized Representative in HUB for final Quarterly Progress Report submission to DOL/ETA.

Once data is validated, certified and submitted to DOL/ETA, reports will be reviewed by ETA National and Regional staff. This "*snapshot*" will be the basis for a certified Quarterly Performance Report that ETA will use to measure grantee outcomes and to provide quarterly technical assistance.

1.5 - DUE DATES and QUARTERLY REPORTING CYCLE

All ETA **Quarterly Reports** are due to ETA, via HUB **no later than 45 days** after the end of each reporting quarter. The table below shows the expected due dates for each reporting quarter. Reports not submitted by the due date will be considered delinquent and not in compliance with your grant agreement.

FIGURE 1: Quarterly Report Deadlines

Quarter Start Date	Quarter End Date	Report Submission Due Date*
January 1	March 31	**May 15**
April 1	June 30	**August 14**
July 1	September 30	**November 14**
October 1	December 31	**February 14**

* Should the due date of the report fall on a Saturday, Sunday, or holiday, the report is due on the Friday before the reporting deadline.

ETA Quarterly Reporting Cycle Flow Chart

FIGURE 2: Reporting Cycle Flow Chart

- Primary grantee BEGINS collecting participant data from training providers including all activities that occured up to the end of the reporting quarter.

QUARTER END DATE

45 DAYS After QUARTER ENDS
- LAST day to submit Quarterly Reports to ETA

- ETA/DSI begins report analysis
- Data is sent via CRIS to calculate ETA Common Measures

10 DAYS After REPORT DUE

15 DAYS After REPORT DUE
- Data submitted to U.S. DOL Secretary, Congress, general public

SECTION II - INSTRUCTIONS FOR TRACKING PARTICIPANT OUTCOMES

2.1 – BASELINE DATA METRICS

H-1B Ready To Work grantees are expected to collect participant-level data and submit, in electronic form, a data file of participant records into the ETA provided web-based portal, HUB.

H-1B Ready to Work grantees are required, per grant award, to report on the following metrics:

- Total participants served;
  - ➢ Includes sub-totals for long-term unemployed workers (LTU), other unemployed workers, and incumbent workers to be served;
- Total participants enrolled in education/training activities;
- Total participants completing education/training activities;
- Total participants who complete education/training activities that receive a degree, or other type of credential;
  - ➢ Note: *TEGL 15-10 defines the types of allowable credentials for reporting purposes for RTW grantees. Grantees should use the definition on page six of TEGL 15-10 to determine whether or not a certificate can be accepted as a credential. Please note that the TEGL states that work readiness certificates are among the types of certificates that do not count as credentials.* https://h1breadytowork.workforcegps.org/resources/2018/04/13/20/06/Training-and-Employment-Guidance-Letter-No-15-10
- Total number of Unemployed Participants who Obtain Employment
  - ➢ Note: This includes all LTU and other unemployed workers that are served and gain employment regardless of training enrollment or completion of training
- Total number of Incumbent Worker Participants that Advance into a New Position
- The average wage that participants will earn at placement into unsubsidized employment (this includes incumbent workers who retain their positions and get wage gains after the program). *This measure is captured via wage records by ETA on behalf of the grantee. ETA will collect this data element using all valid social security numbers (SSNs) submitted to ETA via the secure online reporting system HUB that will encrypt all personally identifiable information.*

2.2 – COMMON PERFORMANCE MEASURES

The Employment and Training Administration (ETA) collaborated with several federal agencies and the Office of Management and Budget (OMB) to develop a set of performance metrics called "common measures" for federal employment and job training programs with similar goals. The value of these common performance measures is the ability to describe in a similar manner the core purposes of the workforce system. Three common measures were developed for programs serving adults and are defined below.

1. **Entered Employment Rate**—of those individuals who were not employed at the time of program participation, the percentage who are employed in the first quarter after they exit.
2. **Employment Retention Rate**—of those who are employed in their first quarter after exit, the percentage employed in *both* the second and third quarters after they exit.
3. **Average Six-Month Earnings**—of those who are employed in their first, second and third quarters after exit, the average gross earnings from the second and third quarters after exit.

ETA's H-1B Ready to Work grantees will use the *Adult Common Measures* to assess long-term employment outcomes. The definitions and associated calculations for each of the adult common measures reference "calendar quarters" because State Unemployment Insurance (UI) wage records – which are based on calendar quarters – are the preferred data source to demonstrate these employment-related outcomes. In

addition, all of the adult common measures are "exit-based," meaning that the measures are applied after the exit quarter.

To reduce Grantee burden, ETA will track **Adult Common Measures** on behalf of the H-1B Ready To Work grantees. To assist in this process, ETA requests that grantees include the following data elements (DE) in a participant record:

- **Social Security Number (DE 101)**
- **Employment Status at Participation (DE 200)**
- **Date of Program Exit (DE 302)**
- **Reason for Program Exit (DE 303)**

IMPORTANT NOTE: These four data elements are part of a larger number of data elements that grantees are required to collect for participant reporting and are specific to tracking Adult Common Measure results.

It is still the responsibility of each grantee to track employment outcomes for each training participant per the data element collections required. Grantee reported employment outcomes on the QPR ETA Form No. 9166 are different than those employment outcomes tracked and reported through Common Measures. More information about data elements will be provided in this handbook, and in subsequent technical assistance materials.

2.3A – PERSONALLY IDENTIFIABLE INFORMATION

Grantees must secure **Personally Identifiable Information**, or PII, and should ensure that when they are collecting this information from participants that they are informed of why they are being asked to provide their Social Security numbers, in accordance with the American Competitiveness and Workforce Improvement Act*.

*The American Competitiveness and Workforce Improvement Act of 1998, Title IV, Section 414 (c), as amended by the Consolidated Appropriations Act of 2005, Division J, Title IV, Subtitle B, Section 428 and WIA Section 171(a) direct the Secretary to require grantees to report on the employment outcomes obtained by workers receiving training under this subsection using indicators of performance that are consistent with other indicators used for employment and training programs administered by the Secretary, such as entry into employment, retention in employment, and increases in earnings. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing this information, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files of the grantee and may be released to other Department officials in the performance of their official duties.

> *For further guidance on handling the protection of Personally Identifiable Information (PII) please refer to:*
>
> *Training and Employment Guidance Letter (TEGL) NO. 39-11 – Guidance on the Handling and Protection of Personally Identifiable Information*

Important Note: Should changes in definitions resulting from new legislation or related regulations occur, appropriate revisions will be issued to reflect these changes.

2.3 B – TECHNICAL ASSISTANCE FOR COLLECTING SOCIAL SECURITY NUMBERS FROM PROGRAM PARTICIPANTS

Please Note: Providing a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled.

What is the Purpose of Collecting SSNs?

All H-1B Ready to Work Grantees are asked to collect Social Security Numbers (SSNs) for all participants served with grant funds and report outcomes to ETA. ETA, on behalf of the grantees, will work with its State partners to match SSNs with employment data available from State Unemployment Insurance (UI) and other administrative wage records (e.g., Federal and Military employment). This matching procedure is necessary in order for ETA to collect consistent and reliable aggregate outcome information for each grantee by calculating a set of **Adult Common Performance Measures** that includes entry into employment, employment retention, and six-month average earnings. The collection of this information assists ETA and the grantee to track the long-term success of the training program.

Technical Assistance Tips for Collecting SSNs from Program Participants

For grantees encountering issues in collecting SSNs from training participants, ETA grantees successful in collecting this information have recommended the following:
1. Increase the "ask" at intake or enrollment.
2. Include statement/disclaimer language directly under the SSN field of an intake or enrollment form identifying: why this information is requested, security of this information, what it is used for, and how it benefits the program to measure program success (see two examples below).
3. Ask Case Managers (or other appropriate staff) to follow-up in person or by phone with any participant that does not disclose their SSN as a part of the enrollment process. Individuals may not provide their SSN because they don't understand the need for this information. Staff familiar with the enrollment process can explain to participants the value this information provides the grantee and ETA with measuring outcomes and how this information is used.

Disclaimer Language Examples:

Sample #1) *This project was funded by a grant awarded under the XXXX Grants, as implemented by the U.S. Department of Labor's Employment and Training Administration. The collection of this information helps to track the long-term success of this training program. Your personal information is kept confidential and secure and will not be shared with any outside agencies other than those involved with the support or oversight of the XXXX Grant received by Sample Community College and issued by the U.S. Department of Labor. Your information will never be sold or shared with third party agencies through your participation in grant supported training activities. Please direct any additional questions concerning the use of your personal information to Jane Green, Program Director at 856-691-XXXX.*

Sample #2) *The Energy-Related program in which you are enrolled is made possible in part through a grant from the United States Department of Labor Employment and Training Administration. This grant is a XXXX Grant titled "Health Care for Tomorrow" a partnership between Any College of Technology and Where Community College. As part of Health Care for Tomorrow's federal grant, we are required to obtain information from project participants and asked to track how well the students who participate in the*

program succeed in the workforce and other related outcomes. The information gathered will be used to help determine if the training is successful and in what areas we might need to improve.

In addition to requesting a range of information from project participants, including demographic information, the use of your Social Security Number is also requested in order to access wage and employment information through state data bases. Although you cannot be denied service for failure to provide your Social Security Number, we strongly encourage you to do so in order to enable the project to quantify specific employment-related outcomes. Your personal information will be kept confidential.

2.4 – TRACKING INDIVIDUAL PARTICIPANT OUTCOMES

This handbook contains two significant resources related to tracking and submitting individual data. These resources include:

- **Instructions, definitions and edit check rules** for collecting and tracking participant-level data. Each data element (DE) includes a number, name, definition and instruction, code values, and field type and length, edit check logic and error type detail.
- **A Quarterly Performance Report (QPR) ETA Form No. 9166** is a 'rollup' of all of the grantee participant-level data records and provides an overview on how the data is aggregated each quarter. This QPR **ETA Form No. 9166** will be generated by the HUB reporting system based on data files submitted quarterly to ETA by each grantee.

Grantees will develop their own internal management information system to collect and track participant records as outlined in the ***Data Elements and Edit Checks*** document. Each data element has a specific code value that grantees will indicate a response for each participant served through the H-1B Grant.

These participant records will be saved as one data file and submitted to ETA by using the file-upload reporting system HUB. Acceptable data files include (.dat), comma-separated values (.csv), and text file or flat files (.txt).

PLEASE NOTE: Continuous technical assistance will be provided to grantees on reporting and using the electronic reporting system HUB. These resources include tutorials, webcasts, tip sheets, a user manual and conference calls.

2.5 – DATA ELEMENTS AND EDIT CHECKS FOR INDIVIDUAL DATA COLLECTION TABLE

The ***Data Elements and Edit Checks*** document for individual data collection offers guidelines for grantees to follow when tracking participant outcomes and establishing the foundation of your grant's quarterly performance data files. This document contains all of the individual data elements (DE) and code values needed to track H-1B Ready To Work program participants. These data records will be compiled into one file, as mentioned above, and uploaded to HUB.

Please note: This document is not designed to be used as an intake form.

2.5 A – H-1B DATA ELEMENTS AND EDIT CHECKS

- **Section I - Individual Information (DE 101 – 114 and 201 – 204)**
    - o   I.A – Participant Demographics (DE 101 - 114)

o   I.B – Participant Employment Status at Participation (DE 201 – 204)

- **Section II - Program Activities and Services Information (DE 300 – 304 and 310 – 351)**

    o   II.A – Program Participation Data (DE 301-304)

    o   II.B – Participant Services Data (DE 310 – 351)

    o   II.C - Training Related Assistance Data (DE 400-426)

- **Section III – Program Outcomes Information (DE 501 – 622)**

    o   III.A – Employment and Job Retention Data (DE 501-525)

    o   III.B – Education, Credential, and Skill Attainment Data (DE 601-622)

FIGURE 3: Data Elements and Edit Checks

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
SECTION I - INDIVIDUAL INFORMATION					
101	Social Security Number	**Record the social security number** assigned to the individual. At a minimum, this number for a person must be the same for every period of participation in the H-1B Grant programs. "Non-participant" records, including those identified and referred through other WIA programs that may or may not receive a participant service should also be recorded. **Record 999999999** if the individual does not wish to disclose his/her social security number	XXXXXXXXX 999999999 = Individual did not disclose	IN 9	Yes
102	Selective Service Status	**Record 1** if the individual is registered for Selective Service. **Record 0** if the individual is not registered for Selective Service. **Record 9** if the individual does not self-identify Selective Service registration. For further guidance on Selective Service for H-1B participants please see the TEGL11-11	1 = Yes 0 = No 9 = Participant did not disclose	IN 1	Yes
103	Date of Birth	**Record the individual's date of birth.**	YYYYMMDD	DT 8	Yes
104	Gender	**Record 1** if the individual indicates that he is male. **Record 2** if the individual indicates that she is female. **Record 9** if the individual does not self-identify gender.	1 = Male 2 = Female 9 = Individual did not self-identify	IN 1	Yes

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
105	Individual with a Disability	**Record 1** if the individual indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.). **Record 0** if the participant indicates that he/she does not have a disability that meets the definition above. Record 9 if the individual does not wish to disclose his/her disability status	1 = Yes 0 = No 9 = Individual did not disclose	IN 1	Yes
106	Ethnicity Hispanic/Latino	**Record 1** if the individual indicates that he/she is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race. **Record 0** if the individual indicates that he/she does not meet any of these conditions. **Record 9** if the individual does not self-identify his/her ethnicity.	1 = Yes 0 = No 9 = Individual did not self-identify his/her ethnicity	IN 1	Yes
107	American Indian or Alaska Native	**Record 1** if the individual indicates that he/she is a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition. **Record 0** if the individual indicates that he/she does not meet any of these conditions. **Record 9** if the individual does not self-identify his/her race.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race	IN 1	Yes
108	Asian	**Record 1** if the individual indicates that he/she is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. **Record 0** if the individual indicates that he/she does not meet any of these conditions.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race	IN 1	Yes

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		Record 9 if the individual does not self-identify his/her race.			
109	Black or African American	**Record 1** if the individual indicates that he/she is a person having origins in any of the black racial groups of Africa. **Record 0** if the individual indicates that he/she does not meet any of these conditions. **Record 9** if the individual does not self-identify his/her race.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race	IN 1	Yes
110	Native Hawaiian or other Pacific Islander	**Record 1** if the individual indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. **Record 0** if the individual indicates that he/she does not meet any of these conditions. **Record 9** if the individual does not self-identify his/her race.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race	IN 1	Yes
111	White	**Record 1** if the individual indicates that he/she is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. **Record 0** if the individual indicates that he/she does not meet any of these conditions. **Record 9** if the individual does not self-identify his/her race.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race	IN 1	Yes
113	Eligible Veteran Status	**Record 1** if the individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable. **Record 2** if the individual served on active duty for a period of more than 180 days and was discharged or released with other than dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge was authorized and was discharged or released from such duty with other than a dishonorable discharge. **Record 3** if the individual is a person who is; (a) the spouse of any person who died on	1 = Yes, <= 180 days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 0 = No	IN 1	Yes

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		active duty or of a service-connected disability; (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application under this part, is listed, pursuant to 38 U.S.C. 101 and the regulations issued under, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence. **Record 0:** If the individual does not meet any one of the conditions described above.			
114	Highest School Grade Completed	Use the appropriate code to record the highest school grade completed by the individual. **Record 13 - 15** if the individual attended college, or full-time technical or vocational school years (non-degree) **Record 16** if the individual attained a Bachelor's degree or equivalent **Record 87** if the individual completes the 12th grade and attained a high school diploma. **Record 88** if the individual completes the 12th grade and attained a GED or equivalent. **Record 90** if the individual attained other post-secondary degree or certification. **Record 91** if the individual attained an associates diploma or degree (AA/AS). **Record 92** if the individual attained postsecondary education, certificate or diploma (non-degree).	13 - 15 = Number of college, or full-time technical or vocational school years completed 16 = Bachelor's degree or equivalent 87 = Attained High School Diploma 88 = Attained GED or Equivalent 90 = Attained Other Post-Secondary Degree or Certification 91 = Attained Associates Diploma or Degree 92 = Attained postsecondary education certificate or diploma (non-degree)	IN 2	Yes
200	Employment Status at Participation	**Record 1** if the participant is a person who either (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked as unpaid worker in an enterprise operated by	1 = Employed 2 = Employed, but Received Notice of Termination of	IN 1	Yes

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job. **Record 2** if the participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member. **Record 0** if the individual does not meet any one of the conditions described above.	Employment or Military Separation 0 = Not Employed		
201	Incumbent Worker	**Record 1** if the participant is an employed worker in need of skills upgrade to (a) obtain a new job, or (b) retain their current job that is requiring new or different skills in an H-1B industry/occupation, and where training is developed with an employer or employer association to upgrade skills training. **Record 0** if the individual does not meet any of the conditions described above. Leave blank if information is not available.	1 = Yes 0 = No Blank = Information not available	IN 1	No
202	Underemployed Worker	**Record 1** if the participant is a person who lost their job during or after the recent secession and have obtained only episodic, short-term, or part-time employment for 27 consecutive weeks or more, but have not reconnected with a full-time job commensurate with the individual's loss of permanent employment. Dislocated workers may be included in this data element, if they meet the above criteria. **Record 0** if the participant does not meet any of the conditions described above. **Leave blank** if information is not available.	1 = Yes 0 = No Blank = Information is not available	IN 1	No
204	Long-term Unemployed	**Record 1** if the individual is a person who has been unemployed for 27 consecutive weeks or more. **Record 2** if the individual lost their job during or after the recent secession and have obtained only episodic, short-term, or part-time employment for 27 consecutive weeks or	1 = Yes; Without job for 27 consecutive weeks or more 2 = Yes; Underemployed for 27 consecutive weeks or more	IN 1	No

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		more, but have not reconnected with a full-time job commensurate with the individual's loss of permanent employment. Individuals considered underemployed under this data element should also be reported in DE 202. Dislocated workers may be included in this data element, if they meet the above criteria. **Record 0** if the individual does not meet any of the conditions described above. **Leave blank** if information is not available.	0 = No Blank = Information is not available		
SECTION II - PROGRAM ACTIVITIES AND SERVICES INFORMATION					
SECTION II.A - PROGRAM PARTICIPATION AND SERVICES DATA					
301	Date of Participation/ Date of first Service	**Record the date** on which the individual begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program.	YYYYMMDD	DT 8	No
302	Date of Exit	**Record the date** on which the last service funded by the program or a partner program is received by the participant. Once a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future services, the date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program. **Leave blank** if the participant has not yet exited, or if the data is not available.	YYYYMMDD Blank = Individual has not exited	DT 8	No
303	Other Reasons for Exit (at time of exit or during 3-quarter measurement period following the quarter of exit)	**Record 1** if the participant is residing in an institution or facility providing 24-hour support such as a prison or hospital and is expected to remain in that institution for at least 90 days. **Record 2** if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days. **Record 3** if the participant was found to be deceased or no longer living. **Record 4** if the participant is providing care for a family member with a health/medical condition that precludes entry into unsubsidized employment or continued participation in the program. Does not include	1 = Institutionalized 2 = Health/Medical 3 = Deceased 4 = Family Care 5 = Reserve Forces Called to Active Duty 98 = Retirement 99 = Not a Valid SSN 0 = Other. Participant does not meet the criteria for any of the exit reasons listed. Blank = Individual is still receiving services	IN 2	No

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		temporary conditions expected to last for less than 90 days.			
		Record 5 if the participant is a member of the National Guard or other reserve military unit and is called to active duty for at least 90 days. **Record 98** if the participant retired from employment.			
		Record 99 if the participant either disclosed an invalid social security number (SSN) or chose not to disclose a SSN.			
		Record 0 if the participant exited for a reason other than one of the conditions described above, including successful program completion or unsuccessful program withdrawal.			
		The code value **0 = Other** is used to inform DOL that these individuals do not meet the code value reasons noted above and should be included in the Common Measures outcomes.			
		Leave blank if the individual is still receiving services.			
		The code value **98 = Retirement** has been added for program management purposes only and individuals who exit the program based on this reason will not be excluded from calculation of the performance measures. Rather, these individuals will be included in the performance measure calculations.			
304	Date of Education/ Training Program Completion	**Record the date** on which the last education/job training activity funded by the program is received by the participant who has completed their program.	YYYYMMDD Blank = Individual has not completed the training program.	DT 8	No
		Leave blank if the participant has not yet completed the training program.			
		Additional Notes: A participant may enroll in several discrete education/job training activities that apply towards the completion of their course of study. A participant is considered to have COMPLETED when they have earned all the formal award units needed towards the degree, certificate, or certification that was the goal of their enrollment or has met other program-specific definition of successful completion.			
		Once a participant has completed their program of study, they may continue to			

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		receive certain services funded by the grant program.			
310	Most Recent Date Received Case Management Service	**Record the most recent date** on which the individual received case management services funded by the program (following a determination of eligibility to participate in the program). **Leave blank** if the individual did not receive Case Management Services.	YYYYMMDD Blank = Individual did not receive these services	DT 8	No
311	Previous Quarter Received Case Management Service	**Record 1** if the participant received Case Management Services in the previous quarter. **Record 0** if the participant did not receive Case Management Services in the previous quarter.	1 = Yes 0 = No	IN 1	Yes
320	Most Recent Date Received Assessment Services	**Record the most recent date** on which the participant' received assessment services funded by the program (following a determination of eligibility to participate in the program). **Leave blank** if the individual did not receive Assessment Services.	YYYYMMDD Blank = Individual did not receive these services	DT 8	No
321	Previous Quarter Received Assessment Services	**Record 1** if the participant received Assessment Services in the previous quarter. **Record 0** if the participant did not receive Assessment Services in the previous quarter.	1 = Yes 0 = No	IN 1	Yes
330	Most Recent Date Received Supportive Services	**Record the most recent date** on which the participant received supportive services (WIA section 134(e)(2)) which include, but are not limited to, assistance with transportation, child care, dependent care, and housing that are necessary to enable the individual to participate in activities authorized under WIA title IB. **Leave blank** if the individual did not receive Supportive Services.	YYYYMMDD Blank = Individual did not receive these services	DT 8	No
331	Previous Quarter Received Supportive Services	**Record 1** if the participant received Supportive Services in the previous quarter. **Record 0** if the participant did not receive Supportive Services in the previous quarter.	1 = Yes 0 = No	IN 1	Yes
340	Most Recent Date Received Specialized Participant Services	**Record the most recent date** on which the participant received specialized participant services which include, but are not limited to, financial counseling, behavioral health counseling, mentoring, assistance with re-	YYYYMMDD Blank = Individual did not receive these services	DT 8	No

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		location, job coaching, networking, and job search assistance. **Leave blank** if the individual did not receive Specialized Participant Services.			
341	Previous Quarter Received Specialized Services	**Record 1** if the participant received Specialized Participant Services in the previous quarter. **Record 0** if the participant did not receive Specialized Participant Services in the previous quarter.	1 = Yes 0 = No	IN 1	Yes
350	Most Recent Date Participated in Work Experience	**Record the most recent date** on which the individual participated in work experience, including internships. **Leave blank** if the individual did not participate in Work Experience.	YYYYMMDD Blank = Individual did not receive these services	DT 8	No
351	Previous Quarter Participated in Work Experience	**Record 1** if the participant participated in Work Experience in the previous quarter. **Record 0** if the participant did not participate in Work Experience in the previous quarter.	1 = Yes 0 = No	IN 1	Yes
SECTION II.B – TRAINING RELATED ASSISTANCE DATA					
400	Date Entered/Began Receiving Education/Job Training Activity #1	**Record the date** on which the participant's first education or job training activities began. **Leave blank** if the individual did not enroll in training in Education/Job Training Activity #1.	YYYYMMDD Blank = Individual is not enrolled in training	DT 8	No
401	Occupational Skills Training Code for Training Activity #1	**Enter the 8 digit O*Net 4.0** (or later versions) code that best describes the training occupation for which the participant received first training services. **Record 00000000 or leave "blank"** if occupational code is not available or not known or if this data element does not apply. **Additional Note:** If the individual receives multiple training services, use the occupational skills training code for the most recent training. HUB will only accept an 8 digit occupational skills code.	00000000	IN 8	Yes

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
402	Primary Type of Training Service for Training Activity #1	**Use the appropriate code** to indicate the primary type of training being provided to the participant. **Leave blank** if the individual did not enroll in Training Activity #1.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 8 = Registered Apprenticeship Blank = Individual is not enrolled in training	IN 1	No
403	Secondary Type of Training Service for Training Activity #1	**Use the appropriate code** to indicate the secondary type of training being provided to the participant, if applicable. **Leave blank** if the individual is not enrolled in a Secondary Type of Training Service for Training Activity #1.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 8 = Registered Apprenticeship Blank = Individual is not enrolled in training	IN 1	No
404	Tertiary Type of Training Service for Training Activity #1	**Use the appropriate code** to indicate the tertiary type of training being provided to the participant, if applicable. **Leave blank** if the individual is not enrolled in	1 = On the Job Training 2 = Classroom	IN 1	No

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		a Tertiary Type of Training Service for Training Activity #1.	Occupational Training 3 = Contextualized Learning 4 = Distance Learning5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 8 = Registered Apprenticeship Blank = Individual is not enrolled in training		
405	Date Completed, or Withdrew from, Training Activity #1	**Record the date** when the participant completed training or withdrew permanently from their first training service. **Leave blank** if the individual did not enroll in training for Education/Job Training Activity #1 or has not yet completed training.	YYYYMMDD Blank = Individual is not enrolled in training, or has not completed training	DT 8	No
406	Completed Training Activity #1	**Record 1** if the participant completed approved training program. **Record 0** if the individual did not complete training (withdrew) **Leave blank** if the individual did not enroll in training for Education/Job Training Activity #1 or has not yet completed training.	1 = Yes 0 = No (withdrew) Blank = Individual is not enrolled in training or has not yet completed training	IN 1	No
410	Date Entered/Began Receiving Education/Job Training Activity #2	**Record the date** on which the participant's second education or job training activities began. **Leave blank** if the individual did not enroll in training for Education/Job Training Activity #2.	YYYYMMDD Blank = Individual is not enrolled in training	DT 8	No
411	Occupational Skills Training Code for Training Activity #2	**Enter the 8 digit O*Net 4.0** (or later versions) code that best describes the training occupation for which the participant received during second training services. **Record 00000000 or leave "blank"** if occupational code is not available or not known or if this data element does not apply.. **Additional Note:** If the individual receives multiple training services, use the occupational skills training code for the most recent	00000000	IN 8	Yes

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		training. HUB will only accept an 8 digit occupational skills code.			
412	Primary Type of Training Service for Training Activity #2	**Use the appropriate code** to indicate the primary type of training being provided to the participant during their second training service. **Leave blank** if the participant is not enrolled in a Primary Type of Training Service for Training Activity #2**.**	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 8 = Registered Apprenticeship Blank = Individual is not enrolled in training	IN 1	No
413	Secondary Type of Training Service for Training Activity #2	**Use the appropriate code** to indicate the secondary type of training being provided to the participant during their second training service, if applicable. **Leave blank** if the participant is not enrolled in a Secondary Type of Education/Job Training Activity #2.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 8 = Registered Apprenticeship Blank = Individual is not enrolled in training	IN 1	No

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
414	Tertiary Type of Training Service for Training Activity #2	**Use the appropriate code** to indicate the tertiary type of training being provided to the participant during their second training service, if applicable. **Leave blank** if the participant is not enrolled in a Tertiary Type of Education/Job Training Activity #2.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 8 = Registered Apprenticeship Blank = Individual is not enrolled in training	IN 1	No
415	Date Completed, or Withdrew from, Training Activity #2	**Record the date** when the participant completed training or withdrew permanently from their second training service. **Leave blank** if the individual did not enroll in training for Education/Job Training Activity #2 or has not yet completed training.	YYYYMMDD Blank = Individual is not enrolled in training	DT 8	No
416	Completed Training Activity #2	**Record 1** if the participant completed approved training. **Record 0** if the individual did not complete training (withdrew). **Leave blank** if the individual did not enroll in training for Education/Job Training Activity #2 or has not yet completed training.	1 = Yes 0 = No (withdrew) Blank = Individual is not enrolled in training or has not yet completed training	IN 1	No
420	Date Entered/Began Receiving Education/Job Training Activity #3	**Record the date** on which the participant's third education or job training activities began. **Leave blank** if the individual did not enroll in training for Education/Job Training Activity #3.	YYYYMMDD Blank = Individual is not enrolled in training	DT 8	No
421	Occupational Skills Training Code for Training Activity #3	**Enter the 8 digit O*Net 4.0** (or later versions) code that best describes the training occupation for which the participant received third training services. **Record 00000000 or leave "blank"** if occupational code is not available or not	00000000	IN 8	Yes

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		known or if this data element does not apply. **Additional Note:** If the individual receives multiple training services, use the occupational skills training code for the most recent training. HUB will only accept an 8 digit occupational skills code.			
422	Primary Type of Training Service for Training Activity #3	**Use the appropriate code** to indicate the primary type of training being provided to the participant during their third training service. **Leave blank** if the individual is not enrolled in a Primary Type of Training Service for Training Activity #3.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 8 = Registered Apprenticeship Blank = Individual is not enrolled in training	IN 1	No
423	Secondary Type of Training Service for Training Activity #3	**Use the appropriate code** to indicate the secondary type of training being provided to the participant during their third training service, if applicable. **Leave blank** if the individual is not enrolled in a Secondary Type of Training Service for Training Activity #3.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 8 = Registered Apprenticeship Blank = Individual is	IN 1	No

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
			not enrolled in training or is not a participant		
424	Tertiary Type of Training Service for Training Activity #3	**Use the appropriate code** to indicate the tertiary type of training being provided to the participant during their third training service, if applicable. **Leave blank** if the individual is not enrolled in a Tertiary Type of Training Service for Training Activity #3.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 8 = Registered Apprenticeship Blank = Individual is not enrolled in training	IN 1	No
425	Date Completed, or Withdrew from, Training Activity #3	**Record the date** when the participant completed training or withdrew permanently from their third training. If multiple training services were received, record the most recent date on which the individual completed training. **Leave blank** if the individual did not enroll in training for Education/Job Training Activity #3 or has not yet completed training.	YYYYMMDD Blank = Individual is not enrolled in training	DT 8	No
426	Completed Training Activity #3	**Record 1** if the participant completed third approved training. **Record 0** if the individual did not complete training (withdrew). **Leave blank** if the individual did not enroll in training for Education/Job Training Activity #3 or has not yet completed training.	1 = Yes 0 = No (withdrew) Blank = Individual is not enrolled in training or has not yet completed training	IN 1	No
SECTION III - PROGRAM OUTCOMES INFORMATION					
SECTION III.A - EMPLOYMENT AND JOB RETENTION DATA					
501	Date Entered Employment	**Record the date of employment** when the participant first began a job.	YYYYMMDD Blank = individual has	DT 8	No

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		This data element captures employment outcomes for unemployed and long-term unemployed individuals that found employment, and underemployed individuals that entered a new position of employment. Employment can be reported for these participants at any point after they receive their first grant-funded service. This includes: individuals that are not enrolled in training, but enter employment after receiving services; individuals that enter employment while enrolled in a training program; or individuals that found employment after completing a training program. **Leave blank** if the individual has not received a job.	not yet received a job		
502	Occupational Code (if available)	**Record the 8-digit occupational code** that best describes the individual's employment using the O*Net Version 4.0 (or later versions) classification system. This information can be based on any job held after exit from the program. Data element 502 applies to participants reported in Data Element 501 that entered employment. **Leave "blank"** if occupational code is not available or if the individual is not a program participant.	00000000	AN 8	Yes
503	Entered Training-Related Employment	**Record 1** if after training program completion, the employment in which the individual entered uses a substantial portion of the skills taught in the training received by the individual. This data element is training program completion based. Individuals reported in this data element must also be reported in Date Entered Employment (DE 501) and Date of Education/ Training Program Completion (DE 304). Individuals that have not enrolled in and completed training should not be reported in this data element. **Record 0** if the employment in which the individual entered does not use a substantial portion of the skills taught in the training received by the individual. **Record 9** if not known. **Leave blank** if the individual has not	1 = Yes 0 = No 9 = Unknown Blank = does not apply to individual	IN 1	No

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		completed a training program and/or has not yet entered employment.			
504	Incumbent Workers Retained Current Position	**Record 1** if the participant was employed at the start of participation (incumbent worker) and retained their current position in the first quarter after program completion. **Record 0** if the participant was employed at the start of participation (incumbent worker) and did not retain their current position in the first quarter after program completion. **Record 3** if information on the participant's employment status in the first quarter after program completion is not yet available. **Leave blank** if the individual has not completed the training program or is not an incumbent worker.	1 = Yes 0 = No Blank = Individual has not completed the program or does not apply to individual	IN 1	No
505	Incumbent Workers Advanced into a New Position with Current or New Employer in the 1st Quarter after Completion	**Record 1** if the participant was employed at the start of participation (incumbent worker) and advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant-funded activities in the first quarter after program completion. **Record 0** if the individual was employed at the start of participation (incumbent worker) and did not advance into a new position as a result of the grant-funded activities. **Record 3** if information on the participant's employment status in the first quarter after program completion is not yet available. **Leave blank** if the individual has not completed the training program or is not an incumbent worker.	1 = Yes 0 = No 3 = Information not yet available Blank = Individual has not completed the program or does not apply to individual	IN 1	No
514	Incumbent Workers Retained Current Position in the 2nd Quarter after Program Completion	**Record 1** if the participant was employed at the start of participation (incumbent worker) and retained their current position in the second quarter after program completion. **Record 0** if the participant was employed at the start of participation (incumbent worker) and did not retain their current position in the second quarter program completion. **Record 3** if information on the participant's employment status in the second quarter after program completion is not yet available. **Leave blank** if the individual has not completed the training program or is not an	1 = Yes 0 = No 3 = Information not yet available Blank = Individual has not completed the program or does not apply to individual	IN 1	No

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		incumbent worker.			
515	Advanced into a New Position with Current Employer or New Employer in the 2nd Quarter after Training Program Completion	**Record 1** if the participant was employed at the start of program participation and advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant-funded activities in the second quarter after program completion. **Record 0** if the individual was employed at the start of program participation and did not advance into a new position as a result of the grant-funded activities. **Record 3** if information on the participant's employment status in the second quarter after program completion is not yet available. **Leave blank** if the individual has not completed the training program or is not an incumbent worker.	1 = Yes 0 = No 3 = Information not yet available Blank = Individual has not completed the program or does not apply to individual	IN 1	No
524	Incumbent Workers Advanced into a New Position with Current Employer or New Employer in the 2nd Quarter after Training Program Completion	**Record 1** if the participant was employed at the start of participation (incumbent worker) and retained their current position in the third quarter after program completion. **Record 0** if the participant was employed at the start of participation (incumbent worker) and did not retain their current position in the third quarter after program completion. **Record 3** if information on the participant's employment status in the third quarter program completion is not yet available. **Leave blank** if the individual has not completed the training program or is not an incumbent worker.	1 = Yes 0 = No 3 = Information not yet available Blank = Individual has not completed the program or does not apply to individual	IN 1	No
525	Incumbent Workers Advanced into a New Position with Current or New Employer in the 3rd Quarter after Training Program Completion	**Record 1** if the participant was employed at the start of participation (incumbent worker)and advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant-funded activities, in the third quarter after program completion. **Record 0** if the individual was employed at the start of participation (incumbent worker) and did not advance into a new position as a result of the grant-funded activities, in the third quarter after program completion. **Record 3** if information on the participant's employment status in the third quarter after	1 = Yes 0 = No 3 = Information not yet available Blank = Individual has not completed the program or does not apply to individual	IN 1	No

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
		program completion is not yet available. **Leave blank** if the individual has not completed the training program or is not an incumbent worker.			
SECTION III.B - EDUCATION, CREDENTIAL, AND SKILL ATTAINMENT DATA					
601	Type of Recognized Credential #1	**Use the appropriate code** to record the type of recognized educational or occupational certificate/credential/diploma /degree attained by the individual who completed training activities. **Record 0** if the individual completed training activities, but did not attain a recognized credential. **Leave blank** if the data element does not apply to the individual. **Additional Notes:** Credentials reported are completion-based, meaning they must be awarded upon completion of a training program or after.	1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational Skills Licensure 5 = Occupational Skills Certificate 6 = Industry-recognized Certification 0 = No recognized credential Blank = Individual is not a participant or this data element does not apply	IN 1	No
602	Date Attained Recognized Credential #1	**Record the date** on which the individual attained a recognized credential. **Leave blank** if the individual did not attain a recognized credential, or if this data element does not apply.	YYYYMMDD Blank = Individual did not attain a recognized credential or this data element does not apply	DT 8	No
611	Type of Recognized Credential #2	**Use the appropriate code** to record the second type of recognized educational or occupational certificate/credential/diploma /degree attained by the individual who received training activities. **Record 0** if the individual received training activities, but did not attain a second recognized credential. **Leave blank** if the data element does not apply to the individual. **Additional Note:** Credentials reported are completion-based, meaning they must be awarded upon completion of a training program or after.	1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational Skills Licensure 5 = Occupational Skills Certificate/Credential 6 = Industry-recognized Certification 0 = No recognized credential	IN 1	No

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Required (Y/N)
			Blank = Individual is not a participant or this data element does not apply		
612	Date Attained Recognized Credential #2	**Record the date** on which the individual attained a second recognized credential. **Leave blank** if the individual did not attain a recognized credential, or if this data element does not apply.	YYYYMMDD Blank = Individual did not attain a recognized credential or this data element does not apply	DT 8	No
621	Type of Recognized Credential #3	**Use the appropriate code** to record the third type of recognized educational or occupational certificate/credential/diploma /degree attained by the individual who received training activities. **Record 0** if the individual received training services, but did not attain a second recognized credential. **Leave blank** if the data element does not apply to the individual. **Additional Note:** Credentials reported are completion-based, meaning they must be awarded upon completion of a training program or after.	1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational Skills Licensure 5 = Occupational Skills Certificate/Credential 6 = Industry-recognized Certification 0 = No recognized credential Blank = Individual is not a participant or this data element does not apply	IN 1	No
622	Date Attained Recognized Credential #3	**Record the date** on which the individual attained a third recognized credential. **Leave blank** if the individual did not attain a recognized credential, or if this data element does not apply.	YYYYMMDD Blank = Individual did not attain a recognized credential or this data element does not apply	DT 8	No

SECTION III – INSTRUCTIONS FOR COMPLETING H-1B QUARTERLY PERFORMANCE REPORTS (QPR) AND HOW ETA FORM No. 9166 QPR IS GENERATED

Each reporting quarter H-1B Ready To Work grantees will upload a participant data file based on the activities and outcomes of participants served each quarter using grant funds. As a result of each validated and error free data file uploaded, HUB will generate a Quarterly Performance Report (QPR) ETA Form No. 9166. The Quarterly Performance Report (QPR) Form No. 9166 is a quarterly aggregate of the individual participant records that the grantee has collected and uploaded as a data file into the HUB system.

Please Note: The QPR Form No. 9166 is not designed to be used as a participant intake/enrollment form. This form is designed to aggregate participant activities based on the information collected using the data element questions provided.

ETA FORM No. 9166

3.1 – GRANTEE INFORMATION

Section A. Grantee Identifying Information

A.1 **Grantee Name**: Grantee name as it appears on the appropriate

Notice of Obligation (NOO) or equivalent official document from the U.S. Department of Labor.

A.2 **Grant Number**: Grant number as it appears on the appropriate Notice of Obligation (NOO) or equivalent official document from the U.S. Department of Labor.

A.3 **Program/Project Name**: Name of the H-1B Grant program or project.

A.4 **Grantee Address:** Mailing address as it appears on the appropriate NOO or equivalent official document from the U.S. Department of Labor.

A.5 **Report Quarter End Date:** The last month, day, and year (*mm/dd/yyyy*) of the quarter on which the report is being prepared. For example, if the report is being prepared for the quarter ending September 30th, 2015, the Report Quarter End Date format should be represented as 09/30/2015.

A.6 **Report Due Date:** The month, day, and year (*mm/dd/yyyy*) on which the report is due to the Department. For example, if the report is being prepared for the quarter ending 09/30/2015, the Report Due Date format should be represented as 11/14/2015.

3.2 – GRANT SUMMARY

Section B. Grant Summary Information (ALL GRANT PARTICIPANTS)

❖ **Previous Quarter:** Represents outcomes using data submitted the previous quarter only.

❖ **Current Quarter (most recent):** Represents the most recent quarter of outcomes data for participants served during the current quarter only.

❖ **Cumulative Grant-to-Date:** Represents the cumulative total of performance outcomes to-date through the current quarter.

B.1 **Total Exiters: The total number** of participants who exited the program during the applicable reporting period. Exit from the program occurs when a participant has not received any services funded by the program for **90 consecutive calendar days** and has no gap in service and is not scheduled for future services. The date of exit is applied retroactively to the last day on which the individual received a service funded by the program.

Note: The total number of exits should equal to the total number of participants served.

B.2   **Total Participants Served:** The count of the total number of unique participants (new and current) who were participants for at least one day during the relevant reporting period. A participant is any individual who is determined eligible to participate in the grant program and receives a service funded by the grant. Individuals who receive only a determination of eligibility to participate in the program but do not begin receiving services are NOT considered participants.

B.3   **New Participants Served**: The total number of unique participants who, following a determination of eligibility, began receiving their *first grant-funded service* during the applicable quarterly reporting period. Participants should only be included *once*, even if they enroll in multiple services and/or training programs.

3.3 – PARTICIPANT SUMMARY

Section C. Participant Summary Information

Demographic characteristics of new participants contained in this section should be based on information collected from the individual *at the time of participation* in the program and reported for new participants cumulatively through the end of the reporting period. Grantees should submit all of the information below for the participants enrolled and funded by the H-1B Ready to Work grants. For all data collection items contained within this section, the data format is an *integer* with a maximum field length of *6-digits*.

C.1a   **Male**: The count of the total number of new participants who self-identify their gender as male.

C.1b   **Female**: The count of the total number of new participants who self-identify their gender as female.

C.2a **Hispanic/Latino**: The count of the total number of new participants who self-identify their ethnicity as Hispanic/Latino. The term Hispanic/Latino includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.

C.2b   **American Indian or Alaskan Native**: The count of the total number of new participants who self-identify their race as American Indian or Alaskan Native. The racial category American Indian or Alaska Native includes persons having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.

C.2c **Asian**: The count of the total number of new participants who self-identify their race as Asian. The racial category Asian includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and Sikkim). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.

C.2d **Black or African American**: The count of the total number of new participants who self-identify their race as Black or African American. The racial category Black or African American includes persons having origins in any of the black racial groups of Africa.

C.2e **Native Hawaiian or Other Pacific Islander**: The count of the total number of new participants who self-identify their race as Native Hawaiian or Other Pacific Islander. The racial category Hawaiian Native or Other Pacific Islander includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

C.2f **White**: The count of the total number of new participants who self-identify their race as White. The racial category White includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

C.2g   **More Than One Race**: The count of the total number of new participants who self-identify more than one of the racial categories outlined in Rows C.2b through C.2f above.

C.3a **Eligible Veterans**: The count of the total number of new participants who are veterans, as defined, at the time of participation, who meets one of the following conditions as a veteran:

1. Is a person who served on active duty in the armed forces for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.

2. Is a person who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 12301 (a), (d), or, (g), 12302, or 12304 of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge; or

3. Is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued there under, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.

C.3b **Individuals with a Disability:** The count of the total number of new participants, who self-identify that they have any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102), at the time of participation.

C.3d **Incumbent Workers**: The count of the total number of new participants who are incumbent workers, as defined, at the time of participation. An Incumbent Worker is an employed worker in need of skills upgrades to (a) obtain a new job, or (b) retain a current job that is requiring new or different skills in an H- 1B industry/occupation, and where training is developed with an employer or employer association to upgrade skills training. This definition includes newly hired workers and workers whose hours have been reduced and/or earnings have declined. An employed worker whose employer does not have a training agreement with the grantee (where training is developed with an employer or employer association to upgrade skills training) is not eligible to be served under this SGA.

C.3e **Unemployed Individuals**: The count of the total number of new participants who are considered unemployed, as defined, at the time of participation, and are not reported in C.3g Long-Term Unemployed. An unemployed individual is an individual who is without a job for fewer than 27 consecutive weeks (not long-term unemployed), is not underemployed, and who wants and is available to work. Dislocated workers that received services financially assisted under WIA section 133(b)(2)(A) may be included in this definition, if they meet the criteria for unemployed.

C.3g **Long-term Unemployed**: The count of the total number of new participants who were considered long-term unemployed, as defined, at the time of participation. A Long-term unemployed individual is a participant that is without a job for 27 consecutive weeks or more. Included within this definition are: 1) individuals that are unemployed for 27 consecutive weeks or more and have exhausted/nearly exhausted their UI benefits, and 2) individuals that have been underemployed for 27 consecutive weeks or more

1. Individuals who have lost their job during or after the recent recession (commencing from December 1, 2007 forward), have been unemployed for 27 consecutive weeks or more, and have exhausted or nearly exhausted unemployment benefits (if they were eligible to receive such benefits); and

2. Individuals who lost their job during or after the recent recession and have obtained only episodic, short-term, or part-time employment for a period of 27 consecutive weeks, but have not yet reconnected with a full-time job commensurate with the individual's level of education, skills, and previous wage or salary earned prior to the individual's loss of permanent employment.

Dislocated workers that received services financially assisted under WIA section 133(b)(2)(A) may be included in this definition, if they meet the criteria for long-term unemployed.

C.4a **High School Graduate or Equivalent:** The count of the total number of new participants who have obtained a high school diploma or equivalent at the time of participation.

C.4b **1-4 Years or More of College, or Full-time Technical or Vocational School:** The count of the total number of new participants that have 1-4 years or more years of college, full-time technical or vocational school, and have not attained a certificate or degree at the time of participation.

C.4b.i **Postsecondary Education Certificate or Diploma (non-degree)**: The count of the total number of new participants who have obtained a postsecondary certificate or diploma (non-degree) and have not attained a degree at the time of participation.

C.4c **Associates Degree:** The count of the total number of new participants that have attained an Associate's Degree at time of participation.

C.4d **Bachelor's Degree or Equivalent:** The count of the total number of new participants that have attained a Bachelor's Degree at time of participation.

C.4e **Education Beyond Bachelor's Degree:** The count of the total number of new participants that have attained education beyond a Bachelor's Degree.

C5a. **Received Case Management Services**: The count of the total number of participants who received case management services during the relevant reporting quarter. Case management services are defined as the provision of a client-centered approach in the delivery of services, designed: (a) to prepare and coordinate comprehensive employment plans, such as service strategies, for participants to ensure access to necessary workforce investment activities and supportive services using, where feasible, computer-based technologies; and (b) to provide job and career counseling during program participation and after job placement.

C5b. **Received Assessment Services**: The total number of participants who, following a determination of eligibility, received assessment services during the relevant reporting quarter. Assessments to determine a participant's of eligibility to participate in the program but do not begin receiving services should NOT considered participants and are therefore not included in this definition.

C5c. **Received Supportive Services**: The total number of participants who received supportive services during the relevant reporting quarter. This includes services such as transportation, child care, dependent care, housing, and needs-related payments, as defined at WIA sections 101(46) and 134(e)(2) and (3), that are necessary to enable an individual to participate in activities in accordance with the funding opportunity in which the grant was awarded.

C5d. **Received Specialized Participant Services**: The total number of participants who received specialized participant services during the relevant reporting quarter. Specialized Participant Services are defined as group-based or one-on-one services that address specific barriers to unemployment facing the long-term unemployed target population and other unemployed workers. Such services may include but are not limited to: financial counseling, behavioral health counseling, mentoring, assistance with re-location, job coaching, networking, and job search assistance. Specialized Participant Services should not duplicate available WIA supportive services.

C5e. **Received Work Experience Opportunities:** The total number of participants that participated in work experience opportunities during the relevant reporting quarter, including internships. (1) Work experience is defined as a planned and structured learning experience that takes place in a workplace for a limited period of time; and, (2) Internships provide a monitored or supervised work or service experience in an individual's career field where he or she has intentional learning goals and reflects actively on what is learned throughout the experience. These learning goals can include: academic learning, career development, and skill development. Internships are part of a structured program where the grantee establishes the criteria for determining who will participate in these programs; are for a set period of time that is generally limited in duration, but may be flexible to allow interns to spend limited time in the classroom; support the attainment of credentials in the individual's expected career field (where such

credentials exist); relate to training provided through the grant and help participants prepare for employment opportunities on which the grant focuses; and, do not necessarily carry an offer of regular employment upon successful completion of the internship.

3.4 – PROGRAM SERVICES

Section D. Program Services – Participant Services and Activities

D.1 **Number Began Receiving Education/Job Training Activities:** The count of the total number of participants who entered an education or job training program during the relevant reporting quarter.

D.2 **Total Number of Participants that Participated in On-the-Job Training Activities:** The count of the total number of participants that entered a training program during the relevant reporting quarter which provided On-the-Job Training activities.

Important Note: Incumbent workers are not eligible for On-the-Job training activities under this grant solicitation.

D.3a **Total Number of Participants that Participated in Classroom Occupational Training Activities:** The count of the total number of participants that entered a training program during the relevant reporting quarter which provided classroom occupational training activities. Classroom occupational training is conducted in an institutional setting or worksite setting and is designed to provide or upgrade individuals with technical skills and information required to perform a specific job, and participants should be able to achieve employment for a specific occupation upon completion.

D.3b **Total Number of Participants that Participated in Contextualized Learning Activities:** The count of the total number of participants that entered a training program during the relevant reporting quarter which provided contextualized learning activities*.

*Contextualized (or Contextual) learning activities are defined as learning that builds meaningful relationships between abstract ideas and practical applications in the context of the real world, and occurs when students process information or knowledge in such a way that it makes sense to them in their frame of reference. Contextual learning is usually a reality-based, outside of the classroom experience, within a specific context and may include paid internships, paid work experience, among others.

D.3c **Total Number of Participants that Participated in Distance Learning Activities:** The count of the total number of participants that entered a training program during the relevant reporting quarter which provided distance learning activities. Distance learning activities are defined as a formal teaching and learning system that uses technology to connect learners with educational resources.

D.3d **Total Number of Participants that Participated in Customized Training Activities:** The count of the total number of participants that entered a training program during the relevant reporting quarter which provided customized training activities*.

*Customized training is defined as training that is designed to meet the special requirements of an employer (or group of employers); is conducted with a commitment by the employer to employ, or in the case of incumbent workers, continue to employ, the individual on successful completion of the training.

D.3di **Total Number of Participants that participated in Incumbent Worker Training Activities:** The count of the total number of participants that entered an incumbent worker training program during the relevant reporting quarter. An incumbent worker is as an employed worker in need of skills upgrade to obtain a new job or retain a current job that is requiring new or different skills in an H-1B industry/occupation, and where training is developed with an employer or employer association to upgrade skills training.

Important Note: Incumbent workers are not eligible for On-the-Job training activities under this grant solicitation.

D.3e **Number Participated in Registered Apprenticeship**: The count of the total number of participants that entered a Registered Apprenticeship program during the relevant reporting quarter. Registered

Apprenticeship programs are developed through partnership with the Office of Apprenticeship or a State Apprenticeship Agency. These programs are sponsored and operated on a voluntary basis by individual employers, employer associations, or jointly through labor/management agreements (http://doleta.gov/oa/).

D.4 **Number of Participants Completing Education/Job Training Program Activities:** The count of the total number of participants that entered an education or job training program that completed all the training activities required of the program during the relevant reporting quarter. Completion is defined as having earned all of the credit hours (formal award units) needed for the award of a degree or certificate as applicable.

D.5 **Number of Participants Completing On-the-Job Training Program Activities:** The count of the total number of participants that entered into an On-the-Job training program and completed all of the On-the-Job Training (OJT) activities required of the OJT program during the relevant reporting quarter. Completion for OJT is defined as a participant that completes training and is proficient in the occupation for which the training is being provided. OJT is defined at WIA section 101(31) as training by an employer that is provided to a paid participant while engaged in productive work in a job that 1) provides knowledge or skills essential to the full adequate performance of the job; 2) provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; and 3) is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant, as appropriate.

3.5 – PROGRAM OUTCOMES

Section E. Program Outcomes – Performance Indicators

E.1 **Number Completed Training Activities and Obtained a Credential:** The count of the total number of participants who were enrolled and completed an education or training program, who earned all of the credit hours (formal award units) needed for the award of a degree or certificate during the relevant period.

E.2 **Total Number of Credentials Received:** The count of the total number of credentials earned by all training program completers within the relevant period.

E.3 **Total Number Entered Unsubsidized Employment:** Of the total number of participants who were **not employed or underemployed** at the time of participation, the total number of participants who entered unsubsidized employment. Underemployed individuals (as defined under Long-term Unemployed) may be reported in this data element, if they are employed in a new position.

This data element captures employment outcomes for unemployed and long-term unemployed individuals that found employment, and underemployed individuals that entered a new position of employment. Employment can be reported for these participants at any point after they receive their first grant-funded service. This includes: individuals that are not enrolled in training, but enter employment after receiving services; individuals that enter employment while enrolled in a training program; or individuals that found employment after completing a training program.

E.3a **Total Number Entered Unsubsidized Training-Related Employment:** Of the total number of participants who were **not employed** or underemployed at the time of participation, the total number of participants who entered unsubsidized employment after completion of the training program and whose employment is related to the industry, occupation, or skills of the training program completed. Participants that are not enrolled in a training program, but are reported in E.3 as entering employment after receiving a service should not be reported in this data element. Underemployed individuals may be reported in this data element, if they complete a training program and are employed in a new position, of which is training- related.

This data element is a sub-field of E.3 Number Entered Unsubsidized Employment. Participants considered for this count must be recorded in the same reporting quarter as E.3 to be counted in this reporting item.

Employment is considered training-related if the position is for the same occupation or within the same industry as the training provided or if the employer recognizes the credential received by the participant as a result of the grant.

E.4a **Total Number of Incumbent Workers Retained Current Position:** Of the total participants who were **incumbent workers** at the time of participation, the total number of training completers who retained their current position for at least one day in the second and third quarter after completing training activities.

E.4b **Total Number of Incumbent Workers that Advanced into New Position:** Of the total participants who were **incumbent workers** at the time of participation, the total number of training completers who entered a new position (requiring a higher level of skills) with their current or a new employer in the first, second, or third quarter after training program completion.

3.6 – COMMON MEASURES

Section F. Common Performance Measures

*Common Measures will be calculated via wage records using the data entered into the performance reporting system. The collection of Social Security Numbers will allow wage records to be collected and sent to DOL. DOL will calculate and track the following measures on behalf of grantees. ***These definitions and elements are included for your information only****.*

F.1 **Entered Employment Rate:** Of the total number of participants who were not employed at the time of participation, the total number of participants who are employed in the first quarter after the quarter of exit divided by the total number of participants who exit during that quarter.

F.2 **Employment Retention:** Of the total number of participants who were employed during the first quarter after program exit, the total number of participants who were employed for at least one day in the second and third quarters after the quarter after the quarter of exit divided by the total number of exiters.

F.3 **Average Earnings (gross):** Of those participants who are employed in the first, second, and third quarters after exit, the total earnings in the second and third quarters after exit divided by the total number of exiters.

3.7 – REPORT CERTIFICATION

Section G. Report Certification/Additional Comments

G.1 **Report Comments/Narrative** – Grantees should provide any additional information not captured as part of the report format in a separate document. See Section IV for further details. Grantees may submit up to two supporting documents in HUB as a supplement to the narrative report.

G.2 **Name of Grantee Certifying Official/Title** – Enter the name and title of the grantee official that is certifying submission of the report to the Department. This contact is usually the Grant Signatory. This person must be available at the time of report submission and available to re-validate data that may be returned with errors. This available time-frame may include up-to three weeks after initial report submission.

G.3 **Telephone Number** – Enter the *area code (999)* and *telephone number (999-9999)* of the authorized official.

G.4 **Email Address** – Enter the email address of the authorized official.

3.8 – ADDITIONAL REPORTING DEFINITIONS/GLOSSARY

PARTICIPANT: A participant is any individual who is determined eligible to participate in the grant program and receives a service funded by the grant. Individuals who receive only a determination of eligibility to participate in the program but do not begin receiving services are NOT considered

participants. Grant-funded services are allowable services and education and training activities applicable to the grantees Statement of Work (SOW) and the Solicitation of Grant Agreement (SGA) applicable.

NEW PARTICIPANTS: The total number of unique participants who, following a determination of eligibility, began receiving their *first grant-funded service* during the applicable quarterly reporting period. Participants should only be included *once*, even if they enroll in multiple trainings or services.

Quarterly Performance Report (QPR) Form

- **CURRENT QUARTER:** Section B.3 New Participants Served (Line 3) Current Quarter (Column B), is a calculation of the total number of **new** participants that receive grant-funded services during that **current quarter's** reporting period. **HINT:** New participants are only ever counted once in this column.

- **CUMMULATIVE GRANT-TO-DATE:** Is the cumulative number of **all new** participants served to date by the grant. A new participant is only ever new, once.

  HINT: A participant is only counted as **new** in the current and cumulative column for your first report and **new** in the previous and cumulative count in all reports subsequent thereafter. However, they are never counted more than once.

TRAINING PROGRAM COMPLETION: A training program completer is a participant who is enrolled in a grant-funded training **program** and has completed all training activities necessary towards successful program completion and exit. Successful completion is determined by the grantee and could constitute as a certain grade or passing a pass/fail program. Some grantees education/training activities are comprised of a series of courses or activities and the intent of their education/training activities is for individuals to complete the entire series of courses or activities. In this case, "successful completion" should be defined as finishing the entire series of courses or activities.

TRAINING ACTIVITY COMPLETION: A program may include up to three training activities that include primary, secondary and tertiary training types. Grantees may report up to three training activities and up to nine types of training (primary, secondary, tertiary) in HUB for each participant served. For example, if the primary training is completed first, then this date and activity will be recorded and considered complete. **Please note:** Completion of a training activity does not equal training program completion.

PROGRAM EXIT: Exit from the program occurs when a participant is no longer receiving grant-funded services for **90 consecutive calendar days** and has no gaps in service and is not scheduled for future services. The date of exit is applied retroactively on the last day in which the individual received a service funded by the program.
HINT: If a participant returns to your training program after they have exited the program, you would enroll this participant as a new participant.

GAP IN SERVICE: A *Gap in Service* refers to reasons a participant may be enrolled in grant activities but delayed 90 days or more from participating. Reasons for inactivity 90 days or more would include one of the following scenarios:
1. Delay before beginning of training *(Acceptable reasons for the delay should be related to the grantee's training program, not for personal reasons of the participant.)*
2. Health/medical reason or family care
3. Temporary move from the area

After 90 days of inactivity, a participant would be considered as exited from the program unless an allowable gap in service had been documented. In some cases, an individual may leave your program

without completing the training courses. If an individual returns after exiting your program, this individual will be enrolled as a new participant.

PARTICIPANT RECORDS: Each individual that is determined eligible for your program and participates in a grant-funded service will be tracked according to the data elements and edit checks provided. Based on information tracked in a participant's case file, each individual will have a single record detailing their demographics, training activities and program outcomes in your data file.
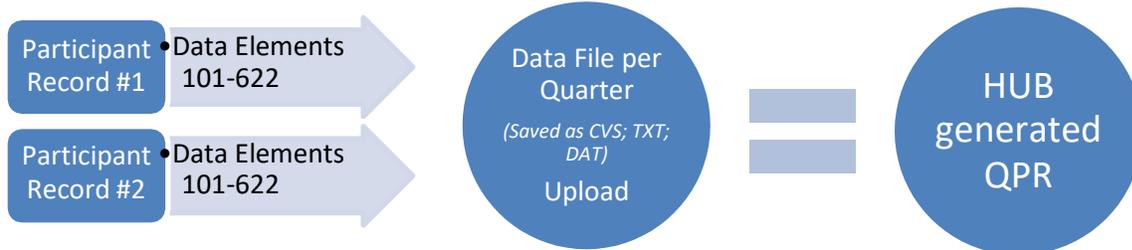
DATA FILE: A set of individual participant records with data elements that describe the activities of each participant that will be tracked and submitted in **one data file**, per reporting quarter, to ETA. **Data files** are files that store data pertaining to a specific application, for later use. Grantees should upload one comprehensive data file of all participant records served to-date. This file can be updated each quarter and resubmitted to HUB for the appropriate reporting quarter.

TIPS:

- Your data file should be a comprehensive compilation of all participants served throughout the life of your grant. This will include all new participants served in the current reporting quarter and all participants served in previous quarters of your grant..
    - If you are using an Excel data spreadsheet, updates to a participant record to reflect new program activities will be reflected in the data elements across your data file. New participants served will be entered as a new participant record, added as a new row of your data spreadsheet.
- A blank code value entry is also called a "null value" to indicate that this data element should be left blank in your data file. Please note, leaving a blank space in a data cell will be read as a code value in HUB and will be considered an error.
- Acceptable files are data files (.dat), comma-separated values (.csv), and text file or flat files (.txt). This file will look something similar to the sample diagram below. See sample Data File Upload for Two Participant Records:

Sample Data File Upload for Two Participant Records

111111111	1	19681106	1	9	0	0	1	0
222222222	0	19660420	2	9	0	0	0	0

IMPORTANT NOTE: *This sample file displays two participant records with only a few data elements recorded. Therefore, this file does not display all data elements that would be collected and recorded. For a full sample of what a typical file upload would look like, please refer to our Sample File Upload and tip sheets located on the H-1b on-line resource page.*

3.9 – H-1B Quarterly Performance Report (QPR) ETA Form No. 9166
(To download the entire form, please visit the H-1B CoP Performance Accountability resource page.)

<table>
<tr><td colspan="4">STANDARDIZED QUARTERLY PERFORMANCE PROGRESS REPORT
Employment and Training Administration
H-1B Ready to Work GRANTS

Quarterly Report Form
ETA Form No. 9166
Expiration 06/30/2019</td></tr>
<tr><td colspan="4">A. GRANTEE IDENTIFYING INFORMATION</td></tr>
<tr><td colspan="4">1. Grantee Name:</td></tr>
<tr><td colspan="4">2. Grant Number:</td></tr>
<tr><td colspan="4">3. Program/Project Name:</td></tr>
<tr><td colspan="4">4. Grantee Address:
City:_____State:_____Zip Code: _____</td></tr>
<tr><td colspan="4">5. Report Quarter End Date: <i>mm/dd/yyyy</i></td></tr>
<tr><td colspan="4">6. Report Due Date: <i>mm/dd/yyyy</i></td></tr>
</table>

Performance Items	Previous Quarter (A)	Current Quarter (B)	Cumulative Grant-to-Date (C)
B. GRANT SUMMARY INFORMATION			
1. Total Exiters			
2. Total Participants Served			
3. New Participants Served			
C. PARTICIPANT SUMMARY AND SERVICE INFORMATION			
Gender — 1a. Male			
1b. Female			
Ethnicity — 2a. Hispanic/Latino			
Race — 2b. American Indian or Alaskan Native			
2c. Asian			
2d. Black or African American			
2e. Native Hawaiian or Other Pacific Islander			
2f. White			
2g. More Than One Race			
Other Demographics — 3a. Eligible Veterans			
3b. Individuals with a Disability			
3d. Incumbent Workers			
3e. Unemployed Individuals			
3g. Long-term Unemployed			

Education Level	4a. High School Graduate or Equivalent			
	4b. 1 - 4 Years or More of College, or Full-time Technical or Vocational School			
	4b.i Postsecondary Education Certificate or Diploma (non-degree)			
	4c. Associates Diploma or Degree			
	4d. Bachelor's Degree or Equivalent			
	4e. Advanced Degree Beyond Bachelor's			
Services	5a. Received Case Management Services			
	5b. Received Assessment Services			
	5c. Received Supportive Services			
	5d. Received Specialized Participant Services			
	5e. Participated in Work Experience			

D. TRAINING PROGRAM SERVICES

Training Indicators	1. Number Began Receiving Education/Job Training Activities			
	2. Number Participated On-the-Job Training Activities			
	3a. Number Participated in Classroom Occupational Training Activities			
	3b. Number Participated in Contextualized Training Activities			
	3c. Number Participated in Distance Learning Activities			
	3d. Number Participated in Customized Training Activities			
	3di. Number Participated in Incumbent Worker Training Activities			
	3e. Number Participated in Registered Apprenticeship			
	4. Number Completed Education/Job Training Program Activities			
	5. Number Completed On-the-Job Training Program Activities			

E. TRAINING PROGRAM OUTCOMES - PERFORMANCE INDICATORS

Training Program Outcomes	1. Number Completed Training Program Activities and Obtained a Credential			
	2. Total Number of Credentials Received			
LTU/Unemployed Worker Employment Outcomes	3. Number Entered Unsubsidized Employment			
	3a. Number Completed Training & Entered Unsubsidized Training-Related Employment			
Incumbent Worker Outcomes	4a. Total Number of Incumbent Workers Retained Current Position			
	4b. Total Number of Incumbent Workers that Advanced into New Position			

F. COMMON PERFORMANCE MEASURES

1. Entered Employment Rate			
2. Employment Retention			
3. Average Earnings			

G. REPORT CERTIFICATION/ADDITIONAL COMMENTS

1. Report Comments/Narrative:
Attach a separate document that provides a discussion of the grant narrative items outlined in the reporting instructions found in the DOL H-1B RTW Performance Reporting Handbook.

2. Name of Grantee Certifying Official/Title:	**3. Telephone Number:**

4. Email Address:	

Persons are not required to respond unless this form displays a currently valid OMB number. Obligation to respond is required to obtain or retain benefits (Workforce Investment Act [Section 185(a)(2)]. Public reporting burden for this collection of information, which is to assist with planning and program management and to meet Congressional and statutory requirements, averages 2.66 hours per record, including time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, ETA, Room C-4518, 200 Constitution Avenue, NW, Washington, DC 20210-0001

SECTION IV – INSTRUCTIONS FOR QUARTERLY NARRATIVE REPORT SUBMISSIONS

4.1 - H-1B Ready to Work QNR SUBMISSION

Identifying Grant Information *(This information <u>MUST</u> be submitted with the QNR)*
SGA Type: *H-1B Ready to Work*
Grantee Name: *Official DOL Grant Name*
Project Name: *Official Project Name*
Grant Number: *Official DOL Grant Number*
Report Quarter Ending: *Example 3/31/2012*
Date of Submission: *Example 8/14/2015*
Program Contact Information: *Name, Title, Location, Email, Phone Number*

H-1B Ready to Work Grantees will enter their **H-1B Ready to Work Quarterly Narrative Report (QNR)** using the input fields under the Narrative tab in HUB. Grantees may upload up to two supplemental documents to support their QNR submission. The QNR should include a discussion of the following items:

Section A – Summary of Grant Activities
This section serves as an executive summary for the quarterly grant activities. Provide a short summary of all service and training activities supported by the grant for the current quarter, highlighting key activities. This update may include additional information about service and training activities and outcomes to supplement the data submitted on the performance report.

Grantees that are providing supportive services and specialized participant services, in accordance with the funding opportunity in which the grant was awarded, should include a description of the type(s) of services offered, how they were delivered, and how they contributed to a participants' ability to fully participate in grant-funded activities.

Section B – Status Update on Leveraged Resources
Report the cumulative amount of leveraged resources provided by the grantee and partners along with expenditures each quarter. Leveraged resources are those resources the grantee and its partners may be providing to support the implementation of the grants. Leveraged resources may take the form of cash or in-kind donations. Please note leveraged resources must also be reported on the Financial Status Report (ETA-9130) quarterly.

Please use this section of the narrative to provide an update on the status of all leveraged resources. The update may include:
- The organizations that contributed the resources
- The ways in which the resources were used during the current quarter
- Cumulative amount of leveraged resources
- Type of leveraged resources contributed to the project

Section C – Status Update on Strategic Partnership Activities
Report the critical aspects of the grant partnership activities during the reporting period. The purpose of this section is to describe how the partnership is working together to implement the project and to communicate the dynamic growth and development of the strategic partnership. This section is not intended to be a list of every partner meeting or communication. Completing this section of the report allows grantees to reflect critically on their partnerships and contributes to broader discussions among grantees on partnership development and management.

This section may: (1) Discuss how partners have been engaged during the current phase of the project; (2) Outline specific roles and contributions of each partner during this quarter; (3) Identify any challenges encountered/resolved in the development and management of the partnership; and (4) Report new partners that may have been brought into the project.

Section D – Timeline for Grant Activities and Deliverables

Provide a timeline of the progress of grant activities, key deliverables for this quarter and future quarters, and products available this quarter and in future quarters for broad dissemination to the workforce system. This includes identifying products and deliverables available for broad distribution via ETA-hosted web sites and other communication vehicles. Utilize the timeline in the grant's statement of work to identify all major program activities and training, for the entire life of the grant. The timeline will paint a picture of project flow that includes start and end dates, schedule of activities, and projected outcomes. To benefit from the timeline, it is important that it be updated each quarter noting the actual date of completion as each activity is accomplished. Items to incorporate in the timeline include: project goals, benchmarks, milestones, special events, important deadlines and deliverables.

Section E – Status of Deliverables

Use this section to collect additional information that details the status of capacity building activities and/or the development of deliverable occurring under the grant, highlights those that have been completed, and assesses how well the capacity building strategies of the program are meeting the training needs of the targeted industries through impact measures.

Section F – Key Issues and Technical Assistance Needs

Summarize any significant issues or problems encountered this quarter and resolution of previous issues and challenges identified in previous quarters. Describe any actions taken or plans for addressing issues, any questions you have for ETA, and any need for assistance from ETA, technical assistance providers, or others.

Section G – Best Practices and Success Stories

Please describe in detail promising approaches, innovative processes, lessons learned and grant-level and participant-level success stories in this section each quarter, as appropriate. This section is intended to provide additional, more in-depth information than the summary section about promising approaches, new processes, and/or lessons learned. Additionally, if appropriate, please highlight one or two "success stories" from the grant per quarter, with the participant's express permission. Grantees can also include best practices and success stories as additional documents for upload in HUB.

Section H – Additional Information (optional)

Provide any other grant-specific information considered to be important and not captured in other sections of the quarterly performance and/or narrative report, including but not limited to, any specific outcomes included in the statement of work. Two additional documents that you consider strengthens the overall program progression for your grant will be permitted for upload in HUB.